

Case Number:	CM14-0210694		
Date Assigned:	12/23/2014	Date of Injury:	08/01/2014
Decision Date:	02/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The worker is a 62 year old male who was injured on 8/1/14 as a heavy box fell onto his head/neck, his right hand hitting a metal rack. He was diagnosed with blunt head trauma, contusions to the right arm/hand, cervical strain, open wound to scalp, shoulder pain, neck pain, brachial neuritis/radiculitis, and shoulder tendonitis. He was treated with physical therapy, and medication, On 12/8/14, the worker was seen by his primary treating physician reporting continual neck and right shoulder pain regardless of the physical therapy, and the physical therapy only provided temporarily relief. He rated the pain level at 2-3/10 on the pain scale. Physical findings included tenderness of the left paracervical muscles, normal bulk and tone of the arms, normal sensation, normal strength (including of the shoulders and neck), and negative Hoffman's reflex. He was then recommended to have MRI of the right shoulder and neck as the provider suspected that the worker had a "rotator cuff tear and cervical disk injuries."

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was what appeared to be a somewhat sufficient attempt at conservative care for his neck pain with physical therapy, but with persistent pain in that area. However, there was not a clear physical finding to suggest any neurological compromise or any other soft tissue abnormality in the neck which might be treatable by a procedure, which would be the purpose of obtaining any MRI of this area. There was no evidence of red flag diagnoses from subjective or objective findings. Therefore, there does not seem to be any justification for an MRI of the cervical spine in this case, according to the records provided for review.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In the case of this worker, there was what appeared to be a somewhat sufficient attempt at conservative care for his shoulder pain with physical therapy, but with persistent pain, rated 2-3/10 on the pain scale in that area. However, there was not a clear physical finding from any provocative testing to suggest any soft tissue abnormality in the right shoulder which might be treatable by a procedure, which would be the purpose of obtaining any MRI of this area. There was no evidence of red flag diagnoses from subjective or objective findings. Therefore, there does not seem to be any justification for an MRI of the right shoulder in this case, according to the records provided for review.

